

EVALUATION REPORT

Mid-Term Evaluation of the project “Lifesaving WASH, MHPSS and Winterization assistance to vulnerable households and war/flood-affected communities in southern Oblasts and institutional strengthening of Ukrainian humanitarian first responders.”

COMMISSIONED BY:

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1. EXECUTIVE SUMMARY

BRIEF OVERVIEW OF THE PROJECT AND EVALUATION PURPOSE

This report presents the Mid-Term Evaluation of the project “Lifesaving WASH, MHPSS and Winterization assistance to vulnerable households and war/flood-affected communities in southern Oblasts and institutional strengthening of Ukrainian humanitarian first responders.” The project is funded by the German Federal Foreign Office (GFFO) and implemented by AWO International and arche noVa, in partnership with Rokada and New Way, in Mykolaivska and northern Khersonska oblasts. The project started in August 2024 and runs until August 2026.

The evaluation was commissioned by AWO International and implemented by Open Space Works Ukraine (OSWU). It serves two complementary purposes: (i) accountability—assessing progress against objectives, indicators, and reporting requirements; and (ii) learning—generating actionable insights to strengthen implementation and inform future humanitarian-development nexus programming in southern Ukraine. The evaluation focuses on strengths, constraints, and adaptive practices relevant to operating in a protracted crisis and high-risk environment.

SUMMARY OF METHODOLOGY AND SCOPE

The evaluation covers August 2024–October 2025 and examines interventions under four result areas: (1) MHPSS and upgrades to living conditions in social protection facilities; (2) winterisation assistance (solid fuel); (3) WASH infrastructure rehabilitation and hygiene support; and (4) capacity strengthening of local humanitarian actors.

A mixed-methods, participatory and utilisation-focused design was applied. Evidence was triangulated through: (i) desk review of project documentation, interim reports, monitoring data, tools, and partner-run beneficiary surveys; (ii) over 40 semi-structured interviews with AWO International, arche noVa, Rokada, New Way, departments of social protection, social protection facilities and schools; (iii) a field visit to Mykolaiv region (6–12 November 2025) including observation of five group psychological sessions and on-site visits to renovated facilities and WASH objects; and (iv) structured phone interviews with 24 households in Mykolaiv and Kherson regions that received solid fuel assistance in 2024–2025.

KEY FINDINGS BY EVALUATION CRITERIA

■ Relevance

Project activities were well aligned with priority needs in war- and flood-affected communities and were developed through consultations with regional administrations and local self-government bodies to complement (rather than duplicate) public funding. Across components, vulnerability criteria focused on women, children, persons with disabilities, and older people—reflecting local needs and structural gaps, particularly in rural and remote areas. Implementing partners noted that vulnerability criteria could be further expanded in future programming to better capture emerging and compound vulnerabilities linked to prolonged war impacts.

■ Effectiveness

Overall progress toward all four outputs is positive, with most targets already achieved or on track. By 30 September 2025, 1,553 individuals received MHPSS services (target 1,800). Repair works were completed in four institutions and ongoing in five more, while 333 institutional residents received NFIs (target 350). Winterisation support reached 1,776 people (approximately 71% of the target of 2,500). Output 3 showed particularly strong performance: two communities received water infrastructure rehabilitation (meeting the target), five institutions received WASH improvements (meeting the target), and 2,265 households received hygiene kits (91% of the target). Output 4 delivered strong training results (153 participants reached of 190 target), though the “unique beneficiaries” requirement limited the feasibility of sustained supervision, resulting in underachievement for individual consultations (23 delivered vs. 120 target). Effectiveness was enabled by high staff professionalism, regular coordination, strong community engagement, and flexibility by AWO International and arche noVa to adjust budgets and activities. Constraints included security risks, contractor shortages, rising construction costs, indicator designs that incentivise breadth over depth (especially in MHPSS), and increased administrative workload linked to government cash-assistance policy changes.

■ Efficiency

The project demonstrated adaptive and generally efficient resource use in a challenging operational context. Efficiency was particularly strong in winterisation activities, where beneficiary feedback resulted in increasing fuel distribution from 2 to 3.5 tons per household, aligning with needs and cluster standards. A clear geographic and functional division of responsibilities between Rokada and New Way supported logistics and reduced duplication.

Monthly consortium meetings enabled timely decisions and joint risk management. Efficiency challenges included long travel times and poor quality of the roads, lack of suitable vehicles, the necessity to manage security risks, and limited insurance coverage for the staff.

■ **Coherence**

The project activities are well aligned internally and externally. The tasks are clearly distributed among the consortium members: Rokada leads on MHPSS and light/medium repairs, while New Way provides WASH technical capacity and distribution support. The project team participates in the relevant humanitarian clusters and uses ActivityInfo and RAIS to avoid duplication. A close contact with territorial communities, social protection facilities and schools was a key strength supporting targeting, verification, referrals, and trust-building. Coordination with oblast administrations was necessary but sometimes challenging due to administrative fatigue and skepticism; nonetheless, it supported legitimacy and information exchange.

■ **Impact (prospective)**

As a mid-term evaluation, this assessment does not measure long-term impact. Instead, it reviews early signals of change and progress toward intended outcomes. Progress is strong: partner surveys for Outcome Indicators 1 and 2 already exceed end-of-project targets. 100% of 285 participants reported improved well-being following MHPSS activities, supported by direct observation of high participant engagement. For winterisation, 99% of surveyed households reported using fuel as intended; evaluation phone interviews corroborated high satisfaction and use. Qualitative evidence also indicates indirect effects: by receiving fuel in-kind, households could redirect limited resources to medicines, utilities, and food—particularly important for persons with disabilities. WASH interventions already improved sanitation and accessibility in five institutions and helped restore access to safe water in two communities; in schools, toilets in shelters supported continued in-person learning aligned with safety requirements.

■ **Sustainability**

Sustainability varies by output. Output 3 (WASH) has the strongest sustainability potential because site selection and implementation required local ownership and maintenance commitments, including formal letters confirming operational continuity and readiness to finance maintenance. Output 4 has moderate sustainability through continued use of training knowledge and materials. Output 1 (MHPSS) sustainability is limited without continued support, due to persistent needs, high workloads, and constrained institutional capacity. Output 2 (fuel distribution) is emergency assistance by design and does not include sustainability elements beyond immediate protective effects.

■ **Cross-cutting issues (gender and social inclusion)**

Gender and inclusion considerations are integrated across components. In rural communities, water and fuel assistance reduce the household burden that is often carried by women as primary caregivers. Within social protection facilities, where staff are predominantly women, MHPSS support helps reduce stress and burnout risks and strengthens coping strategies. The project collects sex-, age-, and disability-disaggregated data across activities and indicators. Infrastructure and WASH works incorporate accessibility and inclusive design features (e.g., ramps, door widths, inclusive toilets), improving dignity, safety, and independence for residents with limited mobility.

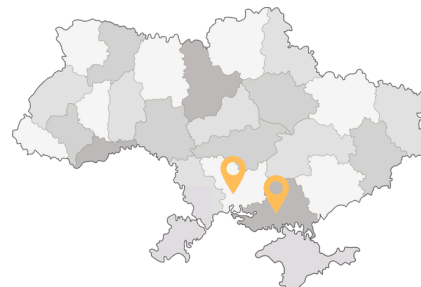
KEY RECOMMENDATIONS

Recommendations focus primarily on improving future, similar humanitarian and nexus-oriented programming, including: revising MHPSS indicators to better reflect trauma-informed practice (sessions per person), shifting toward more systematic facility-level MHPSS support, strengthening attention to GBV survivors, flexibilising repair funding to better match institutional needs, maintaining in-kind fuel in high-risk contexts while strengthening verification under government policy constraints, formalising WASH maintenance commitments and considering resilience-oriented solutions where feasible, and strengthening supervision/intervision models and staff support to reduce burnout.

2. INTRODUCTION

PURPOSE AND OBJECTIVES OF THE MID-TERM EVALUATION

This Mid-Term Evaluation was commissioned to assess the progress, quality, and emerging results of the project implemented by **AWO International** and **arche noVa**, in partnership with **Rokada** and **New Way**, in Mykolaivska and northern Khersonska oblasts of Ukraine.



The evaluation serves two complementary purposes:

Accountability – to assess progress against project objectives, indicators, and reporting requirements of the German Federal Foreign Office (GFFO);

Learning – to generate actionable insights to improve ongoing implementation and to inform the design of future humanitarian-development nexus programming in southern Ukraine.

The evaluation places particular emphasis on identifying strengths, constraints, and adaptive practices relevant to operating in a protracted crisis and high-risk environment.

SCOPE AND EVALUATION QUESTIONS

The evaluation covers the period from **August 2024 to October 2025** and focuses on project activities implemented in **Mykolaivska and northern Khersonska oblasts**. It examines interventions delivered under four main result areas: MHPSS and support to social protection facilities, winterisation assistance (solid fuel), WASH infrastructure rehabilitation, and capacity building of local humanitarian actors.

The evaluation examines project performance using OECD/DAC criteria, focusing on:

- **Relevance:** alignment of interventions with priority needs of war- and flood-affected populations and the appropriateness of targeting and site selection;
- **Effectiveness:** progress toward planned outputs and outcomes, and factors enabling or constraining implementation;
- **Efficiency:** use of human, financial, and logistical resources, including coordination and decision-making arrangements;
- **Coherence:** complementarity within the consortium, alignment with other humanitarian and recovery efforts, coordination with regional

administrations and local self-government, and operationalisation of the humanitarian–development nexus;

- **Impact (prospective):** emerging or anticipated changes in well-being, safety, and resilience, as well as institutional capacity strengthening;
- **Sustainability:** likelihood of result continuity and the presence of local ownership and maintenance mechanisms.

Gender equality and inclusion are examined as cross-cutting themes, alongside the identification of lessons learned to inform future programming.

EVALUATION DESIGN

The evaluation applies a mixed-methods, participatory, and utilisation-focused approach, combining quantitative review of monitoring data with qualitative inquiry. Evidence was triangulated across multiple sources and stakeholder groups to strengthen the validity of findings and ensure balanced analysis.

Data collection was conducted through a combination of desk review, interviews, field observations, and remote consultations, taking into account security constraints and access limitations in the target regions.

The evaluation methodology included the following components:

- **Desk review** of project documentation, interim reports, monitoring data, data collection forms, and beneficiary surveys conducted by implementing partners;
- **Over 40 semi-structured interviews** with representatives of **AWO International, arche noVa, Rokada, New Way**, departments of social protection, social protection facilities, and schools;
- **Field visit to Mykolaiv region (6–12 November 2025)**, including:
Observation of five group psychological sessions;
- Discussions with participants and staff of social protection facilities;
- **On-site visits** to renovated social protection facilities and WASH infrastructure, including interviews with engineers and facility staff;
- **Structured phone interviews with 24 households** in Mykolaiv and Kherson regions that received solid fuel assistance in 2024 and 2025.

3. PROJECT BACKGROUND AND CONTEXT

OVERVIEW OF THE PROJECT AND ITS IMPLEMENTING PARTNERS

The project “Lifesaving WASH, MHPSS and Winterization assistance to vulnerable households and war- and flood-affected communities in southern oblasts and institutional strengthening of Ukrainian humanitarian first responders” is implemented in the context of the ongoing full-scale war in Ukraine, which has resulted in large-scale displacement, destruction of critical infrastructure, and severely constrained access to basic services.

The project is funded by the **German Federal Foreign Office (GFFO)** and jointly implemented by **AWO International** and **arche noVa**, in partnership with **Rokada and New Way**. Each partner contributes distinct and complementary expertise: AWO International and arche noVa provide strategic oversight and coordination, while Rokada leads on Mental Health and Psychosocial Support (MHPSS), light and medium repairs, and winterisation activities, and New Way brings strong technical capacity in WASH infrastructure, hygiene assistance, and solid fuel distribution. This consortium structure enables a multi-sectoral response tailored to complex and evolving humanitarian needs in southern Ukraine.

The project was launched in August 2024 and is planned to run until August 2026.

The project operates in **Mykolaiivska oblast and northern Khersonska oblast**, two regions heavily affected by hostilities, occupation, flooding following the destruction of the Kakhovska dam, and prolonged disruption of public services. These regions face compounded vulnerabilities due to security risks, damaged infrastructure, depopulation, and limited institutional capacity.

Primary beneficiaries include **vulnerable households and individuals**, with a focus on women, children, older persons, persons with disabilities, and internally displaced persons. In addition, the project places strong emphasis on **residents and staff of social protection facilities**, including geriatric homes, psychoneurological institutions, boarding schools, and centres providing social services. Local humanitarian responders and staff of partner organisations are also targeted through capacity-building and psychosocial support activities.

The project is aligned with **AWO International’s humanitarian–development nexus approach**, which seeks to combine immediate life-saving assistance with measures that strengthen local systems, institutional capacity, and longer-term resilience. While firmly rooted in humanitarian action, the project integrates elements that contribute to recovery and sustainability, particularly through infrastructure rehabilitation, institutional support, and capacity building of local actors.

The intervention directly responds to **GFFO priorities for humanitarian assistance in Ukraine**, particularly the protection of vulnerable populations, access to essential services, winterisation support, and support to local responders operating in high-risk environments. The project’s multi-sectoral design reflects GFFO’s emphasis on integrated, needs-based assistance that addresses both immediate risks and structural gaps in service provision.

SUMMARY OF THE PROJECT’S THEORY OF CHANGE / RESULTS FRAMEWORK

The project’s theory of change assumes that vulnerable households and individuals in war- and flood-affected communities will experience improved well-being, safety, and resilience if they have access to:

- Appropriate **MHPSS services** and improved living conditions within social protection facilities;
- **Winterisation assistance** that enables households to meet basic heating needs during the winter season;
- **Reliable and safe WASH infrastructure**, ensuring access to water, sanitation, and hygiene;
- **Capable local institutions and responders** equipped with the skills and support needed to operate in a protracted crisis.

These results are pursued through four interlinked result areas:

- (1) MHPSS and upgrades to the living environment in social protection facilities;
- (2) solid fuel distribution to vulnerable households;
- (3) rehabilitation of WASH infrastructure and distribution of hygiene items; and
- (4) capacity strengthening of local humanitarian actors.

By addressing immediate humanitarian needs while reinforcing institutional functionality and local capacities, the project aims to contribute to more dignified living conditions, reduced vulnerability, and enhanced resilience in southern Ukraine.

4. FINDINGS BY EVALUATION CRITERIA

4.1 RELEVANCE

The project activities were designed by AWO International and Arche Nova in close cooperation with Rokada and New Way to address the priority needs of war-affected communities in Mykolaiv and Kherson regions. At the outset of the project, the implementing partners conducted consultations with regional administrations and local self-government bodies to ensure that planned interventions were aligned with existing needs and complemented, rather than duplicated, public funding mechanisms.

Across all components, the project consistently applied vulnerability criteria focused on women, children, persons with disabilities, and older people. These criteria proved responsive to the local context and reflected both immediate humanitarian needs and structural gaps in public service provision, particularly in rural and remote communities. At the same time, implementing partners noted that the existing vulnerability criteria could be further expanded in future programming to better capture emerging and compound vulnerabilities resulting from the prolonged impacts of the war.

Output 1: MHPSS and Repairs

Under Output 1, Rokada has provided complex support to nine social protection facilities in Mykolaiv region and six more facilities are to be added during the second project year. The following facilities have received light and medium repairs, various types of equipment, hygienic kits, and transportation services, as well as MHPSS services for their staff and residents:

- Mykolaiv Center for Reintegration of Homeless People
- Mykolaiv Geriatric House
- Voznesensk Center for Rehabilitation of Children with Disabilities
- Voznesensk Geriatric House
- Nova Odesa Center for Provision of Social Services
- Vynohradivka Psychoneurological Dispensary
- Bashtanka Territorial Center for Social Care
- Antonivka Arts Lyceum
- Lysa Hora Boarding School

All of these facilities have experienced chronic underfinancing for many years and require substantial investment to maintain adequate living and working conditions. During wartime, local self-government bodies face even greater constraints, with limited capacity to finance capital repairs and minimal budget allocations for ongoing maintenance.

Two facilities – Vynohradivka Psychoneurological Dispensary and Lysa Hora Boarding School – are located in remote communities with limited physical access. Other humanitarian actors and donors are largely absent from these locations. In this context, Rokada is often the only partner capable of addressing critical infrastructure needs, such as replacement of the electrical wiring or installing the new windows and entrance doors. These interventions directly improve living conditions and enable the social protection facilities to provide better-quality services.

Representatives of local self-government and social protection facilities highly appreciated the support they received and confirmed that similar repairs would not have been feasible using their own budgets or with support from other organisations.

Project representatives noted that the current upper ceiling for repairs (approximately EUR 35,000 per institution) limits the ability to address capital-intensive needs, such as roof repairs, and could be reconsidered in future programming.

The own potential of facilities to provide MHPSS services to their staff and residents is also limited. E.g., in Antonivka Arts Lyceum, there are over 150 students – many from families in difficult life situations – and only one psychologist is employed. As a result, senior staff often have to respond to students' emotional distress and interpersonal conflicts in addition to their primary responsibilities. While this reflects a strong commitment to the well-being of students, it also creates a significant additional burden. In this context, the MHPSS support provided by Rokada was perceived as particularly valuable.

In Voznesensk, representatives of the social protection department highlighted frequent cases of bullying in schools alongside the limited capacity of school psychologists to respond effectively due to restricted working hours and insufficient professional experience. While the MHPSS activities implemented under the project were considered relevant and timely, respondents indicated that their relevance could be further enhanced through **more systematic engagement** by Rokada psychologists. Suggested approaches included targeted assessments, identification of students at risk of bullying, and regular work with specific classes or groups.

Such adjustments would require a shift from primarily one-off group sessions towards provision of **a longer-term, structured psychological support to the selected institutions**, that would be better aligned with the complex needs of various target groups and the psychosocial challenges they face.

Output 2: Distribution of fuel

Vulnerable residents of rural communities cannot afford buying fuel on their own: the average pension is 3,600 UAH per month, while a truck of wood costs 14,000 UAH plus 2,500 UAH to cut and chop it.

Rokada and New Way have distributed wood pellets and granules in the remote communities of Mykolaiv and Kherson regions, applying the project's vulnerability criteria:

- elderly (70+), ■ persons with disabilities, and ■ internally displaced persons.

Communities were selected in coordination with the Shelter Cluster to avoid duplication, and particular attention was paid to the feasibility of covering all eligible residents within a community in order to prevent social tension.

Based on the community size and demographic composition, the partners applied flexible age thresholds. In smaller and more remote communities of Kherson region, New Way included residents aged 60+, while in larger communities of Mykolaiv region Rokada focused on those aged 70+.

The heads and starostas of communities supported this approach and recommended expanding the eligibility criteria where possible:

“People aged 60+ are not less vulnerable than those aged 70+ and face the same difficulties when trying to purchase fuel”, - head of a community in Mykolaiv region

This year, many people applied for the financial aid from the government to buy fuel (19,400 UAH per household), but apparently the priority is given to the frontline communities. During the phone interviews, respondents mentioned that they filed their applications to the regional administrations, but never heard back or received any money.

Community representatives said it was important to continue providing fuel in-kind, since:

- The state aid is unlikely to be paid in their communities (not frontline)
- It is more secure for people to receive fuel rather than money (money can be misused).
- There are no resources within the communities to support people with fuel and other humanitarian organizations do not help with it
- People cannot access forests to pick up wood because of the mines
- Some suppliers refuse delivery to their communities because of the dangerous road conditions

Output 3: WASH

The water infrastructure in Mykolaiv and Kherson regions is worn out and affected by the war (either directly - when a pipeline or a pumping station are damaged by shelling, or indirectly - when the sources of water are impacted by destruction of the Kakhovska dam). As a result, many communities do not have a regular access to water or the quality of water is far from normal and it cannot be used for drinking and cooking food.

Under Output 3, New Way has implemented seven projects to renovate the water towers, to repair the water supply and sewage systems, and to install toilets and water treatment stations at social protection facilities and schools. All these interventions were crucial to ensure the regular access to water and to improve the sanitary conditions.

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Representatives of local self-government and social institutions that benefitted from the projects highly appreciate the support they received and refer to New Way as a reliable partner:

“The old tower and the pipes were all rotten from inside. Quite often there were leakages and we had no water here. Imagine, when there’s no water in a facility like ours... People can’t use the toilet, we can’t wash them or make food. Now we have regular water supply and it’s such a blessing”, - representative of a social protection facility

Employees of New Way confirm that they carefully selected the projects based on a range of criteria (such as availability of the necessary documentation, quality of water sources, and overall condition of the waterpipes) - to make sure that the interventions really change the situation and serve the maximum number of people:

“In some communities, the documents were destroyed during the occupation and they simply don’t know where the underground pipes are. In other places the wells were affected by flooding and even if we renovate the water tower it would not change much. Our priority are the communities and institutions where we can achieve the most with less resources”, - an engineer of New Way

Output 4: Capacity building

The staff of social protection facilities and humanitarian organisations work under constant pressure and are at high risk of burnout. Due to heavy workloads, many are unable to take leave or participate in long-term training programmes:

“The number of residents of our community has increased drastically since the beginning of the full-scale invasion. We have many IDPs from the frontline areas and need to take care of them. I haven’t left the community for a single day, haven’t travelled abroad. I took some leave, but spent two thirds of it at work”, - a representative of the social protection department

Short trainings delivered by Rokada, such as emergency first aid or prevention of professional burnout, along with individual psychological consultations, were perceived as highly relevant and useful. These activities helped the staff to recover emotionally and to acquire the necessary skills despite time constraints.

Project representatives noted, however, that more systematic support is needed. While plans were in place to ensure at least one individual consultation for each psychologist by the end of 2025, there is a need for a proper professional supervision that would require at least ten sessions per person. In addition, respondents highlighted the importance of regular intervision sessions, where psychologists could jointly reflect on complex cases, share approaches, and provide peer support to manage stress and prevent burnout.

4.2 EFFECTIVENESS

The theory of change reflected in the logical framework is clear and workable. It describes well the change the project aims to achieve and how the four Outputs jointly contribute to the overall Outcome.

The Outcome and Output indicators include both qualitative and quantitative elements and are concrete and measurable, allowing the project to track progress and results in a meaningful way.

Overall, progress toward all four Outputs is positive. Output 1 shows strong delivery of MHPSS services and living environment upgrades; Output 2 provides critical winterization support to vulnerable households; Output 3

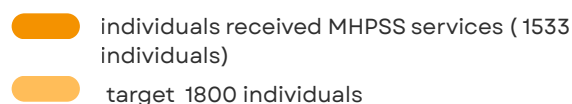
delivers tangible improvements in WASH infrastructure and hygiene access; and Output 4 strengthens the capacity of local partners and frontline staff. Despite operating in a complex emergency context, implementation pace and coverage are good, and most targets are either achieved or on track to be met.

Project effectiveness is supported by high staff professionalism and motivation across consortium partners, regular coordination mechanisms, strong engagement with territorial communities, and Arche noVa and AWO International flexibility that allows budget and activity adjustments. Clear division of roles between partners, use of UN coordination platforms, and formal commitments from local authorities (especially for WASH maintenance) also support effective implementation. At the same time, **progress is constrained** by persistent security risks in frontline areas, shortages of qualified contractors and specialists, rising costs of construction materials, and high indicator targets that prioritize the number of beneficiaries over depth of support, particularly for MHPSS services. Additional challenges include increased administrative workload due to changes in government cash assistance policies and limited availability of supervision and support for frontline staff, which increases the risk of burnout.

ACHIEVEMENT OF OUTPUTS AND OUTCOMES (LOGFRAME ANALYSIS)

Output 1. Vulnerable households and individuals (especially women, children, persons with disabilities, and elderly people) in target communities and social protection institutions received MHPSS services and upgrades to the living environment.

By 30 September 2025, the project demonstrated strong progress toward achieving Output 1, with most quantitative targets either already met or close to completion. According to the interim reporting by AWO International and Rokada, **1,553 individuals received MHPSS services (target of 1,800) beneficiaries.** This indicates a solid implementation pace and effective outreach to vulnerable populations, including residents of social protection institutions.



In parallel, **living environment upgrades** were implemented through repair works and provision of non-food items (NFIs). At the time of the review, **repair works had been completed in four institutions**, with **five additional facilities under renovation**, against a target of ten institutions by the end of 2025. While some delays were observed (discussed below), overall progress suggests that the target remains achievable. Furthermore, **333 residents of institutions received NFIs** such as wheelchairs, hearing aids, crutches, and hygiene items, nearly reaching the target of 350 beneficiaries.

Qualitative evidence from interviews confirms that MHPSS activities were effective in addressing both beneficiary and staff needs within social protection institutions. In addition to direct support to vulnerable residents, MHPSS interventions contributed to **strengthening emotional resilience and reducing burnout among institutional staff**, particularly in geriatric and psychoneurological facilities. Staff emphasized the value of regular psychological presence and peer-level interaction, especially in the context of prolonged stress caused by the war and increased workloads.

A representative of a supported facility highlighted the importance of sustained engagement, noting that **short, one-off interventions are insufficient** for meaningful psychosocial impact. At the same time, high targets for the number of unique beneficiaries created tension between coverage requirements and service quality. Implementing partners reported

that effective MHPSS often requires **a series of sessions rather than single consultations**, which places additional pressure on psychologists and limits their ability to scale services without compromising the depth and effectiveness.

This challenge was articulated by a representative of the implementing partner organization:

“The most difficult part of this project is the required number of unique beneficiaries receiving MHPSS services. This can lead to a formal approach – coming once, talking, and leaving – while the person remains alone. To provide quality support, we need longer-term engagement, not a single meeting, which creates overload for psychologists.”

Despite these constraints, the project deliberately prioritized **underserved and hard-to-reach institutions**, including facilities often avoided by other organizations due to logistical challenges or the complexity of beneficiaries’ needs. This approach enhanced the relevance and added value of the intervention. For example, the project provided sustained MHPSS support to

the Vynohradivka Psychoneurological Dispensary, where regular weekly visits by Rokada psychologists were reported, in contrast to sporadic engagement by other actors.

A representative of the dispensary noted:

“We are glad that Rokada started working with us, because other organizations refused due to the specifics of our residents... Some other psychologists came at the beginning of the full-scale war and promised to come back and to organize some activities, but never shown up.”

Upgrades to the living environment were implemented with a strong emphasis on **quality, safety, and inclusivity standards**. Interviews with engineering staff and institutional representatives confirm that repair works were not limited to cosmetic improvements but focused on functional accessibility and usability for people with limited mobility. Particular attention was paid to inclusive design elements, such as appropriate placement and number of handrails, barrier-free access, and safe sanitary facilities.

The involvement of a **female engineer** was identified as an important contributing factor to the effectiveness of these upgrades. Stakeholders noted that she demonstrated heightened sensitivity to the everyday needs of people with disabilities and reduced mobility, reflecting broader caregiving patterns in Ukraine. This perspective translated into more detailed design decisions and practical improvements that might otherwise have been overlooked.

One engineer described this approach in practical terms, emphasizing that compliance with minimum standards alone was insufficient to ensure usability for diverse beneficiaries.

A particularly strong example of effective infrastructure support was observed at the Voznesensk Center for Rehabilitation of Children with Disabilities. Following renovation works and the provision of basic rehabilitation equipment, the center was able to introduce an additional rehabilitation service by engaging a new specialist, thereby expanding its service capacity and improving outcomes for children with disabilities. This demonstrates a clear link between physical environment upgrades and improved service delivery.

While overall effectiveness is assessed as positive, several implementation challenges affected the pace of delivery. Repair works experienced **moderate**

delays due to the mobilization of contractors and a shortage of qualified specialists, even when contracting companies were formally available. These constraints slowed progress in some facilities but did not compromise the quality of completed works.

Some originally planned activities proved infeasible within the project's operational scope. For example, **distribution of non-food items during emergency deployments was not implemented**, as Rokada does not conduct emergency response interventions of this type. In response, project partners applied adaptive management by reallocating the corresponding budget lines to more feasible and relevant activities, ensuring continued alignment with project objectives.

Output 2. Most vulnerable households in the target communities received winterization assistance (solid fuel) to survive the winter season.

By 30 September 2025, the project made tangible progress toward achieving Output 2, despite several contextual and policy-related constraints. 651 households received solid fuel, against an end-of-project target of 1,000 households by 31 December 2025.

In terms of individual reach, 1,776 people benefited from solid fuel assistance (1,209 through New Way and 567 through Rokada), representing approximately **71% of the target of 2,500 individuals**. While progress remains below the planned trajectory at mid-term, the data suggest that the output is partially on track, with potential for acceleration during the remaining implementation period, subject to external constraints.



Qualitative evidence indicates that winterization assistance effectively addressed **critical heating needs of the most vulnerable households**, particularly in rural areas where solid fuel remains the primary source of heating. However, the effectiveness of delivery was influenced by cluster-level coordination requirements and predefined targeting parameters. Implementing partners highlighted that humanitarian coordination mechanisms encourage comprehensive coverage within a settlement once assistance is initiated, which limits flexibility when resources are insufficient to cover all vulnerable households.

As one respondent explained:

“For solid fuel, the cluster emphasizes that if you enter a settlement, you should cover as many vulnerable people as possible. You cannot selectively assist only a few. At the same time, our average household size coefficient is 2.5 people.”

A key factor affecting the effectiveness and pace of Output 2 implementation was the Government of Ukraine’s decision to expand eligibility for winter cash assistance. Under the relevant Cabinet of Ministers regulation, households that applied for or received government winter cash support were **no longer eligible to receive in-kind solid fuel assistance** from humanitarian actors. While this policy aims to prevent duplication of assistance, in practice it significantly complicated beneficiary identification.

As a result, implementing partners were required to conduct **manual screening of beneficiaries** to identify households that had not applied for or received government support. This process substantially increased administrative workload and slowed distribution, particularly in Mykolaivska oblast.

Output 3. Most war- and flood-affected communities, including social facilities and vulnerable individuals, have access to improved WASH infrastructure.

By 30 September 2025, the project demonstrated **strong progress toward achieving Output 3**, with most planned WASH infrastructure interventions already completed or on track. New Way implemented **seven WASH-related projects** focused on renovation of the water supply and improvement of sanitation and hygiene conditions.

At the community level, **renovation of water infrastructure was implemented in two communities** – Voskresenska (Mykolaivska oblast) and Chornobaivska (Khersonska oblast) – meeting the target set in the logframe. These interventions addressed the critical water supply challenges in areas affected by both armed conflict and flooding, allowing for an improved access to safe water for local residents.

At the institutional level, WASH projects were implemented in five institutions, meeting the end-of-project target. These institutions included two psychoneurological dispensaries (in Vynohradivka and Barativka) and three schools (in Mishkovo-Pohorilove and Novyi Buh).

The interventions focused on renovating the toilets and sewage facilities, as well as improving the overall living conditions and ensuring better accessibility (e.g. equipping a ramp in school).

In addition, **2,265 households received hygiene kits**, reaching approximately **91% of the target of 2,500** households. This indicates effective delivery of complementary WASH assistance to vulnerable households, particularly in areas where infrastructure damage and displacement increased hygiene-related risks.



Despite overall effectiveness, some **design-related constraints** affected the efficiency and scalability of Output 3. In particular, the project applied a standard indicator requiring an average of 250 beneficiaries per facility for water supply rehabilitation in social institutions and schools. In practice, this threshold is relatively high, especially for smaller institutions in rural or depopulated areas, limiting flexibility in facility selection despite evident needs.

Output 4. Local project partners and humanitarian first responders have strengthened their capacity in the context of humanitarian action.

By 30 September 2025, the project showed steady but uneven progress toward achieving Output 4. Rokada delivered capacity-building trainings to 153 people working in social institutions and humanitarian organizations, which represents around 81% of the target of 190 participants. These activities contributed to strengthening staff skills and preparedness to work in a complex humanitarian context.

At the same time, Rokada provided 23 individual consultations (supervisions) and 7 group trainings for its own staff. While the number of group trainings exceeded the planned target (7 delivered compared to a target of 6), the number of individual consultations remained well below the target of 120 consultations. This gap reflects challenges related to project design rather than weak implementation.

The training component was highly effective in qualitative terms because trainings were designed based on the real needs of participants. Instead of offering predefined topics, Rokada consulted its staff and partner organizations to understand what skills and knowledge were missing and then identified appropriate trainers to address those needs. This approach increased the relevance of trainings and ensured strong engagement of participants:

“It works very well when you don’t invent a training title first and then invite people, but instead go to specialists and ask what they currently lack. They say what they need, and then we look for a qualified trainer to cover those needs”, - representative of Rokada

In contrast, the individual consultation component faced limitations linked to how the output was defined in the logical framework. Psychologists and social workers clearly expressed a need for regular external supervision, rather than a large number of one-time consultations for different individuals. In response, Rokada adapted the activity and used individual consultations as professional supervision sessions.

However, the requirement to reach 120 unique beneficiaries through individual consultations did not match this approach. Limited budgets and the focus on unique beneficiaries made it difficult to provide ongoing supervision to the same staff members, even though this was what the team needed most.

As one staff member noted:

“Individual consultations are not clearly defined. This year we transformed them into individual supervisions–psychological support for specialists. But the budget and number of sessions are limited, and there is still a requirement for unique beneficiaries.”

FACTORS ENABLING PERFORMANCE

A key enabling factor was **the high level of professionalism and motivation of the project teams**, including arche noVa, AWO International, CF “Rokada”, and CF “New Way”. Staff demonstrated strong commitment to reaching vulnerable populations, including those in remote or difficult contexts, and showed readiness to work under pressure in a protracted crisis environment. This professional culture contributed to consistent service delivery despite security risks, staff shortages, and operational constraints.

The project benefited from **an effective management approach that emphasized staff autonomy and trust rather than micromanagement**, particularly within CF “Rokada”. Staff members were able to independently plan their daily, weekly, and monthly workloads while remaining accountable for agreed targets and results. This approach increased efficiency, reduced administrative burden, and allowed teams to respond quickly to emerging needs.

One staff member explained this clearly:

“We have clear targets for how many beneficiaries we need to reach each year, but in our daily work we are not restricted. We plan our own working day and week. This freedom of action is very important. Management trusts us and knows we will deliver.”

Another important enabling factor was **systematic investment in staff competencies**. Employees of New Way undergo mandatory annual trainings, including **Mine Risk Education (MRE), first aid, and providing indirect assistance to beneficiaries**.

These trainings ensured that staff were prepared to work safely and professionally in conflict-affected areas. In addition, managers of local partner organizations, particularly CF “Rokada”, actively sought additional learning opportunities for their staff beyond mandatory requirements. These included specialized trainings responding to evolving needs, such as updates on new inclusive construction norms (revised DBNs). Such learning opportunities strengthened technical quality, especially in infrastructure and accessibility-related activities.

As one project engineer noted:

“Two weeks ago I attended a training in Kyiv on the new inclusive building norms that will come into force next year. It was very useful—we learned many new things. This training was suggested by my manager from Rokada.”

The project team demonstrated a strong ability to build constructive relationships with oblast administrations and local municipalities. While local authorities often expected visibility and formal recognition, project partners managed to balance these expectations with adherence to humanitarian principles, including independence and needs-based action. Teams engaged authorities in coordination and information-sharing while ensuring that decisions remained driven by beneficiary needs rather than political or administrative preferences.

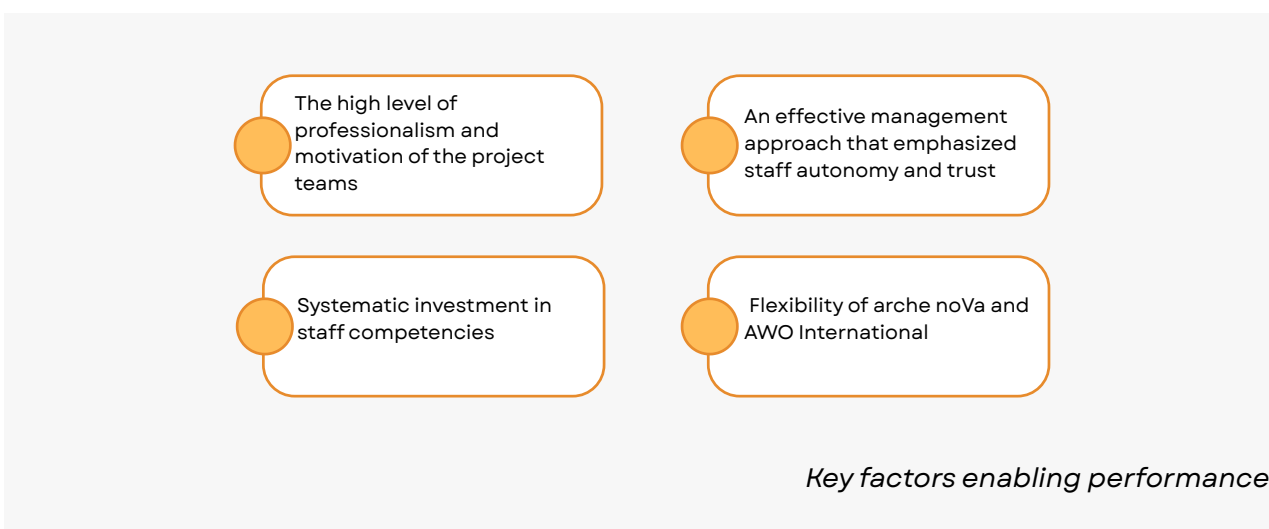
As one respondent described:

“The administration is conservative and wants visibility. We try to accommodate this, but without affecting the project or humanitarian principles. We act based on needs, not instructions.”

The **flexibility of arche noVa and AWO International** was repeatedly highlighted as a critical enabling factor. Donors demonstrated openness to adjusting budgets, activities, and implementation approaches in response to contextual changes, including security developments and feasibility constraints.

One implementing partner summarized this clearly:

“Across all projects where we requested changes or additions, everything was approved. This flexibility is very encouraging.”



FACTORS HINDERING PERFORMANCE

Ongoing **security risks and operational constraints** significantly affected project implementation, especially in Khersonska and parts of Mykolaivska oblasts. Engineering works and repairs were delayed due to the **mobilization of contractors, a shortage of qualified specialists**, and increasing restrictions on access to areas located **30–50 km from the line of contact**. The growing use of **FPV drones** further expanded high-risk zones and made it unsafe to transport equipment or conduct construction works in some locations.

As one respondent noted:

“The biggest risk, especially in Kherson oblast, is security. It is a drone-controlled zone, and no one will take equipment there.”

Even where contracting companies were formally available, the lack of skilled personnel caused delays. In several cases, completion of works had to be postponed by weeks or months due to the unavailability of technicians to carry out installations. These factors reduced implementation pace without necessarily reducing demand or relevance.

The strong focus on **high numbers of unique MHPSS beneficiaries** limited the depth of psychosocial support. Implementing partners emphasized that meaningful MHPSS outcomes often require **multiple sessions per person**, rather than one-off consultations. Counting meetings instead of beneficiaries would better reflect actual service quality.

As one practitioner explained:

“We should count sessions, not beneficiaries. For individual counseling, one person may need around ten sessions to feel improvement.”

The requirement to reach **2,200 beneficiaries per water tower** proved difficult to achieve in rural and depopulating areas of Mykolaivska and Khersonska oblasts. Population decline created a structural barrier to meeting this threshold. As a result, some high-need communities and institutions could not be prioritized, despite clear WASH needs.

One respondent described this challenge as a vicious circle:

“People leave communities because there is no proper water supply. But water supply cannot be restored because there are not enough people. This creates a vicious circle.”

Budget limitations, combined with sharp increases in construction material prices, also constrained effectiveness. The factual average allocation of EUR 35,000 per facility for repairs was not always sufficient to cover all critical renovation needs, particularly in older buildings or institutions with multiple infrastructure problems. In such cases, teams had to prioritize partial solutions rather than comprehensive upgrades, which reduced the overall impact of investments.

Another significant hindering factor was the **risk of professional burnout among psychologists and social workers**, driven by high workloads and insufficient structured support. While the project included individual consultations and group **trainings, systematic supervision and continuous professional development were not fully budgeted or planned**, particularly for staff working with complex cases. Limited access to regular supervision may reduce the sustainability of MHPSS delivery and increase the risk of reduced service quality over time.

As one staff member explained:

“Supervision and training for psychologists are not sufficiently planned. We mostly look for learning opportunities ourselves and often cover costs on our own.”

Finally, **changes in government policy**, particularly the Cabinet of Ministers regulation on winter cash assistance, complicated beneficiary identification for in-kind support. Households that applied for government cash assistance were no longer eligible for solid fuel assistance, which forced project teams to conduct **manual beneficiary screening**. This significantly increased administrative workload and slowed implementation.

At the same time, **coordination challenges between oblast and local authorities** created additional delays. Differences in approaches to beneficiary lists—centralized versus community-based—sometimes resulted in conflicting instructions and required additional negotiation and coordination efforts.

4.3 EFFICIENCY

Overall, the project demonstrated **adaptive and generally efficient use of resources** in a challenging operational context. Efficiency was particularly strong in winterization activities, where beneficiary feedback led to an increase in solid fuel distribution from 2 to 3.5 tons per household, aligning assistance with real needs and cluster standards. Clear division of geographic and thematic responsibilities between partners (Rokada and New Way) further supported efficient logistics, reduced duplication, and optimized use of storage and transport capacities.

Coordination and decision-making processes were regular, transparent, and functional, with monthly consortium meetings enabling joint planning, risk management, and timely adjustments. While parallel implementation models helped avoid confusion and overlap, they also limited opportunities for fully integrated interventions at the facility level. Plans to move toward more area-based and coordinated approaches in selected communities in 2026 indicate a positive step toward improving efficiency and coherence in future implementation.

RESOURCE USE AND MANAGEMENT ARRANGEMENTS

Efficient and adaptive resource use was observed in winterization activities. Based on feedback from beneficiaries, New Way adjusted the amount of solid fuel distributed per household. Initially, households received two tons of fuel, but feedback showed that this was insufficient to cover winter needs. Following discussions with arche noVa and in line with cluster standards, the allocation was increased to 3.5 tons per household.

As one implementing partner explained:

“In the first winter we distributed two tons, but people told us it was not enough. We agreed with arche noVa to increase it to 3.5 tons, and this winter we distributed 3.5 tons per household.”

The project relied heavily on **field-based staff operating in difficult conditions**, especially in Mykolaivska and Khersonska oblasts. Field teams spent long hours traveling to remote communities and institutions, often on poor roads and in extreme weather conditions. The lack of suitable off-road vehicles with proper climate control reduced efficiency. Investing in appropriate vehicles would likely improve time management, staff safety, and overall operational efficiency.

One respondent highlighted this challenge clearly:

“The South is a region where summers are extremely hot, and traveling for four hours without air conditioning, with open windows, is very difficult.”

Rising prices for construction materials significantly affected the **cost-effectiveness of repair works**. Although budgets were carefully managed, the average allocation of **approximately EUR 35,000 per institution** for light and medium repairs was not always sufficient to address critical infrastructure needs in social facilities.

Efficiency was also supported by a **clear and pragmatic division of responsibilities** between implementing partners, particularly in winterization activities. Geographic allocation of regions was based on logistical capacity, storage availability, and proximity to target areas. For example, New Way focused on Khersonska oblast due to the presence of a warehouse and office in Dnipro, while Rokada covered other areas with solid fuel needs.

As one respondent described:

“For winterization, regions were clearly divided. Rokada covered areas with solid fuel needs, while New Way took Kherson oblast because they have a warehouse and office in Dnipro, which makes delivery easier.”

The mid-term evaluation identified **management and safety arrangements** as an area with potential for improved efficiency. While security-related decisions were handled by managers and logistics staff, the absence of a dedicated **security manager or security unit** increased the burden on operational staff and created risks in a volatile environment.

One respondent explained:

“We do not have a security department like arche noVa. Security issues are mostly handled by managers and logistics staff. Everything is on our shoulders.”

Similarly, **staff insurance coverage** was only partially in place. Although efforts were underway to insure field staff first, not all employees were yet covered. Comprehensive life and health insurance would reduce staff stress, improve retention, and enhance operational continuity, thereby increasing overall efficiency.

COORDINATION AND DECISION-MAKING PROCESSES

Project coordination and decision-making processes were generally **well-structured and regular**, supporting effective implementation across multiple partners and regions. Coordination took place at both strategic and operational levels and involved all key implementing and funding organizations.

A key strength of the project was the **regular monthly coordination meetings** involving all core partners—AWO International, arche noVa, Rokada, and New Way. These meetings provided a formal space to review progress, discuss challenges, and align activities across organizations. Security issues and coordination in neighboring communities were also consistently addressed, which was particularly important given the volatile operational context. In addition to formal meetings, partners maintained ongoing communication to track progress and address emerging issues. This regular exchange supported timely decision-making and allowed partners to adjust activities when needed.

As one respondent described:

“Every month, around the 15th, we have a coordination meeting where representatives of all organizations—AWO, arche noVa, Rokada, and New Way—are present. We discuss annual planning, security issues, and coordination in neighboring communities.”

Overall coordination within the consortium was assessed as strong. The project was **intentionally implemented through complementary technical streams aligned with the respective mandates and comparative advantages of the partners**. Rokada and New Way led distinct but interlinked components—MHPSS services, light and medium repairs, and winterization support on the one hand, and WASH infrastructure interventions on the other—responding to different priority needs within institutional settings.

This functional division of roles resulted in differentiated beneficiary selection criteria and monitoring indicators, reflecting the technical requirements of each intervention area. Activities were coordinated and sequenced to ensure clarity of responsibilities, avoid duplication, and support efficient implementation. While this approach prioritised depth and quality within each technical stream rather than full integration at every facility, it enabled the consortium to deliver timely, context-appropriate support within a shared project framework and common objectives.

There is a shared intention to move toward **more integrated, area-based approaches** in selected communities, such as Voznesensk and Pervomaisk, where both Rokada and New Way plan to work more closely in 2026.

4.4 COHERENCE

Overall, the project demonstrates a **high level of coherence** at internal, sectoral, and territorial levels. The consortium structure is well aligned, with each partner contributing distinct and complementary expertise. Rokada focuses on MHPSS services and light and medium repairs, while New Way brings strong technical capacity in WASH infrastructure and distributions. This clear division of roles reduces duplication, strengthens thematic coherence, and allows partners to work in areas where they are most effective, while still contributing to shared project objectives.

The project is also **well aligned with broader humanitarian and recovery efforts**, particularly through active participation in UN-led coordination mechanisms. Partners regularly engage in Shelter, WASH and inter-cluster platforms, follow cluster guidance on avoiding duplication, and systematically use UN information systems such as ActivityInfo and RAIS. Strong alignment with cash assistance frameworks ensures that in-kind support complements, rather than overlaps with, government and UNHCR cash programs, even though this sometimes limits coverage and increases coordination efforts.

At the local level, coherence is reinforced through close engagement with territorial communities and coordination with oblast administrations. While cooperation at oblast level can be challenging due to administrative fatigue and skepticism, community-level engagement is strong and supports needs-based targeting, referrals, and trust-building. Multi-step verification processes, coordination around state subsidies, and referral of cases beyond the project's mandate further strengthen coherence with local social protection systems and other humanitarian actors.

COMPLEMENTARITY WITHIN THE CONSORTIUM

The consortium demonstrated a **high level of complementarity**, with each partner contributing distinct and well-defined expertise that together formed a coherent and balanced intervention. Rather than duplicating efforts, partners focused on their respective strengths, which increased overall effectiveness and reduced operational overlap.

Rokada brought **strong expertise in Mental Health and Psychosocial Support (MHPSS)**, as well as experience in implementing **light and medium repairs** in both institutional settings and households. This allowed the project

to address psychosocial needs alongside improvements in living conditions, particularly in social protection institutions and vulnerable communities.

At the same time, New Way contributed **strong technical capacity in the WASH sector**, including water supply, sanitation, wastewater management, and hygiene promotion. Their experience with water infrastructure—such as the construction and rehabilitation of water towers—and the distribution of hygiene kits complemented Rokada’s MHPSS-focused interventions and ensured a more holistic response to community needs.

As one respondent summarized:

“Rokada has very strong experience in MHPSS and in light and medium repairs. Their strength is WASH—water supply, sanitation, hygiene, and hygiene kit distribution. This is how a complementary alliance was formed.”

In practice, the consortium functioned as **one project implemented through two closely linked but distinct streams of activities**, each led by partners with relevant expertise and geographic presence.

AWO International and Rokada primarily operated in **Mykolaivska oblast**, focusing on MHPSS services, light and medium repairs, distribution of non-food items, and winterization support.

New Way operated **partly in Mykolaivska oblast and predominantly in Khersonska oblast**. In Mykolaivska oblast, New Way focused mainly on WASH infrastructure, including the construction of water towers in several communities. In Khersonska oblast, New Way led activities related to **solid fuel distribution, hygiene kits, and other WASH-related assistance**, leveraging its logistical capacity and proximity through its warehouse and operational base.

This operational arrangement allowed each partner to work where they were most effective and contextually grounded, while contributing to shared project objectives and ensuring complementarity across intervention areas rather than parallel or stand-alone implementation.

ALIGNMENT WITH OTHER HUMANITARIAN AND RECOVERY EFFORTS

The project demonstrated a **high level of alignment with other humanitarian and recovery efforts** at national, regional, and local levels. Given the high density of humanitarian actors—particularly in Mykolaivska oblast—effective coordination and adherence to common standards were essential to avoid duplication and ensure fair and efficient assistance.

More than 100 humanitarian organizations operate in Mykolaivska oblast alone, making coordination through UN-led cluster mechanisms critical. The consortium actively participated in relevant clusters, including Shelter, WASH, Education, and inter-cluster coordination platforms. Partners consistently aligned their planning and implementation with cluster guidance and reporting requirements. Before starting activities in new locations, partners consulted with clusters to confirm geographic focus and planned interventions. This helped reduce overlap with other actors and ensured coherence with broader humanitarian response priorities.

As one respondent noted:

“We participate in all relevant cluster meetings—Shelter, WASH, Education. In all sectors where we work, we are present in the clusters.”

Particular attention was paid to **alignment between in-kind assistance and cash-based interventions**, especially for winterization support. In line with Shelter Cluster guidance, the project applied the principle that one beneficiary should receive only one type of assistance (cash or in-kind) from one humanitarian partner for the same need.

One interviewee explained this approach:

“The Shelter Cluster emphasizes avoiding duplication. If a person has received cash or in-kind assistance, they cannot receive the same type of assistance again. One beneficiary can receive only one form of assistance from one partner.”

To operationalize this principle, partners worked with communities they trusted and reported distributions to the Shelter Cluster using household identification codes. If duplication with UNHCR or another actor was detected, assistance was not provided. This approach supported equitable coverage and compliance with humanitarian standards, even though it sometimes limited the number of eligible beneficiaries.

The consortium actively used **UN coordination and information systems**, including ActivityInfo and RAIS, to ensure transparency and prevent duplication. ActivityInfo was used to report projects, activities, indicators, and locations, while RAIS was used for beneficiary-level verification based on individual identification codes.

As described by one respondent:

“We enter information into the UN ActivityInfo platform so all partners can see projects, activities, indicators, and locations. We also use RAIS for beneficiary verification. When we enter the identification code, we immediately see if the person is already registered with another organization.”

These systems enabled real-time checks and strengthened accountability. However, challenges arose when beneficiary lists provided by oblast authorities were entered retrospectively into systems by large organizations, sometimes after smaller partners had already completed full verification and delivery. This created occasional coordination tensions and operational inefficiencies.

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COORDINATION WITH REGIONAL ADMINISTRATIONS AND LOCAL SELF-GOVERNMENT

The project placed strong emphasis on **working through local governance structures and communities** to ensure transparent, needs-based, and well-coordinated assistance. Engagement with authorities and communities played a key role in outreach, beneficiary identification, verification, and referral to other services.

At the initial stage, the project teams contacted **oblast administrations in Mykolaivska and Khersonska oblasts** to introduce planned activities and coordinate access. Compared to other regions where partners had previously worked, oblast-level engagement in these regions was often challenging, as authorities expressed fatigue from frequent visits by humanitarian actors and skepticism about delivery. Despite these challenges, maintaining formal communication with oblast authorities remained important for legitimacy, information exchange, and compliance with administrative requirements.

As one respondent noted:

“We immediately contacted the Kherson and Mykolaiv oblast administrations. Compared to other regions, they were not very open. They said many organizations come, promise things, but do nothing, and that we take their time.”

In contrast, territorial **communities proved to be more open and engaged partners**. Local authorities and community representatives actively supported outreach, shared information on vulnerable households, and often recommended neighboring communities with similar needs. This facilitated geographic expansion and improved targeting. In several cases, communities themselves initiated contact with the project after seeing activities implemented nearby, supported by informal networks and “word of mouth”.

As described by one interviewee:

“Communities are much more open to cooperation. They even recommend neighboring communities and say there is a need there as well, so we take contacts and go to the next community.”

The project applied a **multi-step beneficiary selection and verification process** to ensure fairness, accountability, and alignment with state assistance. Initial lists were usually prepared with support from local authorities, who have access to administrative databases and knowledge of

household circumstances. Verification was then conducted directly by project staff. For hygiene kits, this involved phone calls and interviews with each household.

For solid fuel assistance, field teams visited households in person, entering homes and speaking directly with beneficiaries.

During each visit, staff explained why a person was included in the project and which criteria were applied. This approach helped build trust and reduce misunderstandings at the community level.

To avoid negative effects on beneficiaries, the project coordinated closely with local authorities regarding **state subsidies for fuel and utilities**. Assistance provided by the project was registered and cross-checked to ensure it did not unintentionally lead to the loss of existing benefits. The project also verified whether households had already received firewood or other support from local budgets and adjusted assistance accordingly.

As one respondent explained:

“We also check with local authorities so there are no problems for people who receive subsidies. We register this assistance in the state system, showing that support was provided under a specific ID number. In rare cases, subsidies can be canceled, but this happens very rarely because we support households that use only solid fuel.”

Where needs exceeded the project’s mandate, such as cases of sexual violence or specialized protection concerns, **cases were referred to other organizations**, and the project also received referrals in return. This strengthened overall service coverage and reinforced cooperation within the humanitarian community.

Representative of a municipal department responsible for social protection shared:

“We’ve never had such reliable partners. All the works were carried out in time and at a high level. The specialist of Rokada oversaw the process and helped to resolve any issues with subcontractors. The Center for Homeless People and the Geriatric House have much better conditions now and can serve their residents better.”

4.5 IMPACT

As this is a **mid-term evaluation**, it does not aim to assess final or long-term impact. Instead, it examines **early signals of change and progress toward the project's intended impact**, as articulated in the theory of change. Evidence presented below reflects **self-reported outcomes, observed behavioural and environmental changes, and credible pathways toward longer-term impact**, rather than definitive impact attribution.

Overall, findings suggest that In line with the project's theory of change, the project activities helped to improve the physical and psychosocial well-being of residents of the war-affected communities of Mykolaiv and Kherson regions, as well as to strengthen the resilience of institutions and households especially during the winter period.

While attribution remains limited at this stage, progress against outcome indicators is strong. For Outcome Indicators 1 and 2, reported results already exceed end-of-project targets. These findings, while subject to methodological limitations, are supported by direct observation and qualitative evidence collected during the evaluation.

Outcome Indicator 1: At the end of the project, min. 80% (70% women, 60% older people, 15% persons with disabilities) who received MHPSS services state that due to MHPSS services, their mental well-being has improved

To measure progress toward this outcome, Rokada psychologists collected feedback from **285 participants** of group MHPSS sessions, asking them to assess how the activities influenced their sense of safety and well-being. **100% of respondents** (56% women, 47% older people, 43% persons with disabilities) reported an improvement in their sense of safety and psychosocial well-being following participation in MHPSS activities.

Observations of five group sessions conducted during the evaluation corroborated these self-reported results. Participants were actively engaged in exercises, interacted positively with one another, and demonstrated visible signs of emotional activation and relief during and after sessions. These observations provide early qualitative evidence that MHPSS activities are contributing to improved emotional regulation, social interaction, and perceived safety among participants.

At the same time, representatives of Rokada noted a structural limitation affecting the potential **depth and durability of impact**. Due to the output indicator focusing on the number of unique individuals reached,

psychologists are required to deliver sessions across a large number of institutions, rather than accompanying a smaller group over a longer period. Re-formulating the indicator to track **“consultations per person” instead of “unique individuals”** would allow for more sustained engagement with residents of specific institutions (e.g. psychoneurological dispensaries or boarding schools) and would strengthen the likelihood of longer-lasting psychosocial impact.

In parallel, **repairs implemented in social protection facilities and schools** are contributing to improved living and learning environments, which constitute an important enabling condition for psychosocial well-being. Although the upper budget ceiling for repairs (EUR 35,000 per institution) did not allow for capital works such as roof replacement, completed interventions (e.g. renovation of walls and floors, replacement of doors and windows) have improved sanitary conditions, thermal insulation during winter, and overall functionality of premises. These improvements are expected to have a **lasting positive effect on residents’ comfort, dignity, and access to services**, provided that routine maintenance is ensured.

Outcome Indicator 2: At the end of the project, min. 90% of vulnerable households (60% women, 50% older people, 10% persons with disabilities) who received winterisation assistance (e.g. solid fuel) confirm that they used it accordingly.

To collect data for this Indicator, Rokada and New Way surveyed a sample of beneficiaries who received solid fuel and 99% respondents (68% women, 83% older people, 27% PwDs) confirmed that they were satisfied with the quality of fuel and used it accordingly. These findings were reinforced through **phone interviews with 24 households** conducted as part of the evaluation. All respondents confirmed that the fuel was of good quality and enabled them to keep their homes warm during the winter period. While this does not yet constitute evidence of long-term impact, it provides strong indication that the assistance is directly contributing to **improved physical safety and thermal comfort** during critical winter months.

Heads and starostas of supported communities further emphasised that solid fuel assistance is a key determinant of physical well-being in rural areas.

Beyond meeting immediate heating needs, the assistance appears to have **indirect positive effects**. By reducing expenditure on fuel, households were able to allocate limited resources to other essential needs such as utilities, medicines, and food. This effect was particularly significant for persons with disabilities, for whom medical expenses are high and not always covered by state programmes. In this way, winterisation support contributes not only to short-term survival but also to **broader well-being and health outcomes**.

Outcome Indicator 3: At the end of the project, min. 75% of humanitarian volunteers, community health workers, and others capacitated in training, state that their response capacity has improved and they have applied the gained skills

During the 1st project year, Rokada conducted 2 trainings and 23 individual consultations that contribute to this indicator. The survey of beneficiaries will be conducted closer to the end of the project to capture all the changes resulting from this support.

Nevertheless, qualitative evidence collected during the evaluation suggests early progress toward the intended outcome. Representatives of social protection institutions who participated in trainings reported that these activities helped them **restore emotional balance, manage stress, and acquire practical skills** relevant to their daily work. These early changes indicate a plausible pathway toward strengthened response capacity.

As with MHPSS delivery, respondents highlighted a limitation related to indicator design. The focus on reaching a high number of unique beneficiaries constrains the ability to provide **regular supervision and intervention** to the same specialists. Reframing the indicator to track **consultations per person** would better support sustained professional development, reduce burnout risks among psychologists, and increase the likelihood that acquired skills will continue to be applied after project completion.

Outcome Indicator 4: # of social institutions, e.g. schools, outpatient clinics, retirement houses, etc, with improved sanitation conditions and functional WASH facilities

By 30 September 2025, the project demonstrated strong progress toward this outcome, with most planned WASH interventions completed or on track. **Seven WASH projects** were implemented by New Way, focusing on improvements to water supply, sanitation, and hygiene conditions.

At the institutional level, WASH interventions were completed in **five institutions**, meeting the end-of-project target. These included **two psychoneurological dispensaries** (Vynohradivka and Barativka) and **three schools** (Mishkovo-Pohorilove and Novyi Buh). Improvements focused on toilets, sewage systems, and accessibility features, such as the installation of ramps.

These interventions are already contributing to safer, more dignified, and more accessible environments for residents, staff, and students.

Improved sanitation reduces health risks, supports daily care routines in social protection facilities, and enables schools to function in line with safety and hygiene requirements.

Outcome Indicator 5: # local communities with improved access to WASH services, such as water and sanitation systems

At the community level, WASH projects implemented by New Way have improved access to water and sanitation in **Voskresenska (Mykolaivska oblast)** and **Chornobaivska (Khersonska oblast)**, meeting the target set in the logframe. These interventions addressed critical infrastructure gaps and restored regular access to safe water for local residents.

The repaired facilities are managed by communal enterprises and social institutions, which are responsible for their operation and maintenance. Improved access to water and sanitation has already contributed to **better hygienic conditions and service delivery** in social protection facilities.

In schools, the installation of toilets in shelters has enabled compliance with State Emergency Service requirements, allowing **full-scale in-person learning** based on shelter capacity. This represents an important prospective impact, as it directly supports continuity of education and normalisation of daily life for children in affected communities.

4.6 SUSTAINABILITY

Likelihood of continuity of results

This project was designed and implemented as an **emergency response**, rather than a long-term development intervention. Its theory of change is therefore focused on addressing **urgent and immediate needs** of vulnerable populations affected by war, displacement, and infrastructure damage. As a result, the sustainability of outcomes varies across outputs and depends largely on follow-up interventions, local capacity, and external funding.

The sustainability of results under **Output 1** is **limited without continued project support or follow-up programming**. MHPSS services in social protection institutions respond to deep and ongoing needs among both residents and staff. Without continuation of the project or integration of these institutions into future interventions, the positive effects of MHPSS activities are likely to decrease over time.

As one respondent noted:

“We hope that this project will be extended for another two years, because the need is real—both among residents of these institutions and among the staff.”

Some sustainability is expected at the level of individual staff members who participated in MHPSS-related trainings and sessions. These staff members may apply basic psychosocial approaches, self-care practices, and communication skills in their daily work. However, this potential is constrained by high workloads, staff shortages, and burnout, which limit the ability of staff to consistently apply new practices.

Another respondent emphasized this challenge:

“Working in a psychoneurological institution requires supervision and emotional relief. Without that, it is very difficult to continue.”

In addition, limited access to basic resources (e.g. computers, printers, materials for group activities) further restricts the ability of institutions to continue MHPSS-related activities independently. While the project contributed to improved awareness and basic skills, systematic **MHPSS services cannot be sustained without ongoing external support, supervision, and resources.**

Output 2 represents **pure emergency assistance** aimed at helping vulnerable households survive the winter season. By design, this type of intervention does not include sustainability elements beyond its immediate protective effect.

Among all outputs, **Output 3 has the strongest potential for sustainability**, due to the way WASH projects were selected, designed, and implemented. Sustainability considerations were explicitly built into decision-making processes.

All WASH interventions were implemented in **close coordination with local self-governments and social institutions** that own or manage the infrastructure. Projects were selected only where: (1) the community or institution could clearly define priorities and provide technical documentation; (2) the intervention would realistically improve access to water (e.g. functioning water sources and pipelines); (3) the local partner had the capacity and willingness to maintain the infrastructure after project completion.

Requests for infrastructure that could not be maintained locally (e.g. water filtration systems without budget for filter replacement) were not approved. These measures significantly increase the likelihood that WASH infrastructure will remain functional beyond the project period.

Output 4 shows **moderate sustainability**, primarily through the continued use of knowledge, skills, and training materials. Participants of trainings and consultations can return to materials and apply lessons learned in their daily work.

Ownership and local mechanisms for maintenance

Ownership and long-term maintenance were key considerations in the design and implementation of the WASH component.

Before starting any construction or rehabilitation works, the project required **formal confirmation from local self-governments and social institutions** regarding their long-term plans and responsibilities. For example, when installing water purification systems in educational institutions, partners requested official letters confirming that the institution would remain operational for at least five years and would not be closed due to declining student numbers. In addition, local authorities confirmed the availability of budget resources and their readiness to allocate funding for the operation and maintenance of the infrastructure over a five-year period.

As explained by one respondent:

“Before we start building a water purification system, for example in the Novyi Buh lyceum, we receive an official letter confirming that this is a hub school that will not close within five years, that there is funding and readiness to finance maintenance for five years, and that a responsible person is appointed and trained.”

For water towers, a similar approach was applied. Communities provided written commitments confirming their readiness to carry out **technical maintenance for at least five years after construction**. These commitments strengthened local ownership and reduced the risk of infrastructure falling into disrepair.

The project also introduced **non-negotiable requirements** related to maintenance arrangements. Local authorities or institutions were required to sign service contracts for the maintenance of water filtration systems, including reverse osmosis units. If an institution was not willing or able to commit to such arrangements, the project did not proceed at that site.

As one interviewee stated:

“We require local authorities or institutions to sign a maintenance contract for the water filtration system. If they refuse, we do not work in that institution.”

5. CROSS-CUTTING ISSUES

GENDER EQUALITY AND DIVERSITY

Gender considerations are highly relevant across all components of the project, reflecting both the gendered impacts of the war and traditional caregiving roles in society. In rural communities, women continue to bear primary responsibility for household management and care work. Project interventions that simplify daily household tasks—such as improved access to water, sanitation, and solid fuel—therefore have a **disproportionately positive effect on women**. These interventions reduce physical strain and time burdens, allowing women to reallocate time and energy to caring for their own health, engaging in income-generating activities, or participating in community and volunteer initiatives.

Within social protection facilities, gender dimensions are particularly pronounced. Approximately **90% of staff working in social protection institutions are women**, often operating under conditions of high workload, emotional stress, and low remuneration. These factors create a heightened risk of professional burnout. MHPSS services provided under the project were therefore especially relevant for women staff members. Interviews indicate that psychological support helped them restore emotional balance, address work-related and personal stressors, and acquire practical techniques for self-support and stress management. These early outcomes point to a meaningful contribution to staff well-being and institutional resilience, even at the mid-term stage.

The project consistently collected **gender-disaggregated data** across activities and indicators, enabling monitoring of participation and outcomes by sex, age, and disability status. This practice supports informed decision-making and strengthens accountability with respect to gender equality.

INCLUSION OF PERSONS WITH DISABILITIES AND MARGINALISED GROUPS

Inclusion of persons with disabilities and other marginalised groups is a core feature of the project design and implementation. Persons with disabilities are explicitly prioritised in targeting criteria across MHPSS, winterisation, and WASH components, and are strongly represented among beneficiaries in both community-based and institutional settings.

Infrastructure interventions under the WASH and repair components systematically incorporated **accessibility and inclusive design principles**, including installation of ramps, widening of entrance doors, and construction of inclusive toilets. These measures go beyond minimum compliance and directly improve dignity, safety, and independence of residents with limited mobility, particularly in social protection facilities.

Qualitative evidence suggests that attention to inclusion was also shaped by **diverse professional perspectives within project teams**. For example, the involvement of a female engineer contributed to practical, care-oriented design solutions, such as insulation of outdoor spaces used by residents of geriatric facilities. These adaptations enabled extended use of common areas and improved quality of care for older persons and persons with disabilities. While not formally captured in indicators, such examples illustrate how inclusive thinking translated into tangible improvements in daily living conditions.

MHPSS activities were also adapted to the specific needs of persons with disabilities and residents of psychoneurological institutions, using group formats and facilitation approaches appropriate to participants' cognitive and emotional capacities. This flexibility supported meaningful participation and helped reduce social isolation among highly marginalised groups.

CROSS-CUTTING IMPLEMENTATION PRACTICES

Across all components, the project demonstrates a strong commitment to integrating gender and inclusion considerations **as operational principles rather than standalone activities**. These considerations are reflected in targeting, data collection, infrastructure design, and service delivery modalities. At mid-term, this approach has contributed to early, observable improvements in well-being, access, and dignity for women, older persons, and persons with disabilities.

Continued attention to these cross-cutting dimensions—particularly through sustained MHPSS support for predominantly female staff and inclusive infrastructure investments—will be critical to maximising longer-term impact and sustainability.

6. RECOMMENDATIONS

Given the advanced stage and limited remaining duration of the Project, the following recommendations are primarily intended to inform the design and implementation of **future, similar humanitarian and nexus-oriented initiatives**, rather than to substantially alter the current intervention. They are grounded in empirical findings from fieldwork and stakeholder consultations and aim to strengthen relevance, effectiveness, inclusivity, and sustainability of comparable programming

RECOMMENDATIONS ON MHPSS AND REPAIRS (OUTPUT 1)

▶ **To revisit MHPSS outcome indicators**

It is recommended to reconsider the outcome indicator used for the MHPSS component by shifting the focus from “**number of unique individuals who received services**” to “**number of consultations or sessions per individual.**” This approach would better reflect the nature of trauma-informed psychosocial support and align monitoring frameworks with more realistic pathways to change.

This adjustment would enable future projects to:

- Prioritise deeper, more consistent, and needs-based engagement with beneficiaries, particularly residents of social protection facilities;
- Enhance the quality and sustainability of psychosocial outcomes, recognising that meaningful MHPSS support often requires repeated and continuous engagement rather than one-off contacts;
- Reduce the tension between quantitative coverage requirements and the actual effectiveness of MHPSS interventions.

▶ **To shift from one-off MHPSS sessions to a more systematic facility-level approach**

It is recommended to introduce a more structured model of engagement with selected social protection facilities and schools, combining assessment, targeted work with specific groups, and regular follow-up. This would better address persistent psychosocial challenges (including bullying in schools) and improve the depth and sustainability of MHPSS outcomes.

To strengthen attention to survivors of gender-based violence (GBV)

In future phases or follow-up initiatives, it is recommended to explicitly strengthen the inclusion of persons affected by gender-based violence within the MHPSS component, particularly residents of communities that were under occupation in 2022 and were later liberated and internally displaced persons originating from territories that remain under occupation.

Evaluation findings indicate that these groups often fall outside standard **“emergency psychological support”** categories, as traumatic experiences may have occurred in the past. However, individuals frequently develop sufficient safety, trust, and personal resources to seek psychosocial support only at a later stage.

Addressing these needs requires a more flexible, trauma-informed, and longer-term MHPSS approach, recognising delayed help-seeking behaviour and the cumulative nature of trauma exposure.

To increase or flexibilise the upper funding threshold for repair works

While the project does not formally define a maximum funding ceiling for institutional repairs, in practice an implicit upper limit of approximately EUR 35,000 per institution was applied. This approach resulted from dividing the available budget across planned repair sites in order to ensure relatively even distribution of resources. However, evaluation findings suggest that an emphasis on equal distribution of funds may, in some cases, limit the overall value for money of infrastructure investments, particularly where institutions face more complex or capital-intensive needs.

In light of the significant increase in the cost of construction materials and labour and the need to undertake certain types of capital repairs (notably roof rehabilitation), it is recommended to consider **increasing the upper funding threshold and/or formally introducing a more flexible funding approach across different facilities**. This would allow higher allocations to be directed to institutions with more substantial needs, enable more comprehensive improvements, and ensure the long-term functionality and sustainability of rehabilitated infrastructure.

RECOMMENDATIONS ON DISTRIBUTION OF FUEL (OUTPUT 2)

▶ **To maintain in-kind fuel support as a preferred modality in high-risk contexts**

Future winterisation interventions should continue to prioritise in-kind solid fuel assistance in rural and remote communities where market access is limited, delivery conditions are insecure, and state support mechanisms remain unreliable or unevenly applied. Evaluation findings indicate that in such contexts, in-kind assistance offers a higher degree of predictability and protection for vulnerable households, reduces risks related to misuse or diversion of cash, and ensures that assistance directly addresses critical heating needs. This modality is particularly appropriate where households face mobility constraints, landmine contamination, or supplier refusal due to security conditions.

▶ **To strengthen beneficiary verification and coordination under government policy constraints**

Future programming would benefit from the introduction of a **more streamlined and standardised beneficiary verification process** that explicitly accounts for government winter cash assistance policies. Clear screening steps, harmonised documentation requirements, and early coordination with local authorities and relevant cluster mechanisms would reduce the administrative burden on field teams and minimise delays in assistance delivery. Such an approach would improve operational efficiency while maintaining compliance with government regulations and humanitarian coordination standards, and would enable faster, more transparent targeting of eligible households.

▶ **To expand vulnerability criteria within the solid fuel component**

Community heads and starostas recommend expanding vulnerability criteria for solid fuel assistance to include all pensioners, rather than limiting eligibility to persons aged 70 and above. Individuals aged 60+ are not less vulnerable than older age groups and face comparable challenges in accessing solid fuel, particularly in the context of low incomes, limited access to alternative support mechanisms, and heightened safety risks.

According to project team testimonies, this group was already included in some communities where coverage levels allowed assistance to reach all those in need. It is recommended to **continue and formalise this practice in future programming**.

RECOMMENDATIONS ON OPERATION OF WASH INFRASTRUCTURE (OUTPUT 3)

► **To formalise maintenance commitments for WASH infrastructure**

To strengthen the sustainability of infrastructure interventions, it is recommended to:

- Introduce written maintenance commitments from communities or social institutions for key engineering assets (e.g. water towers), specifying a clear maintenance period (for example, five years), in addition to existing memoranda of cooperation;
- Apply a similar approach to water treatment systems, including reverse osmosis units, to ensure regular servicing and timely replacement of consumables.

Formalised commitments would support clearer ownership, improve accountability, and reduce the risk of infrastructure deterioration after project completion.

► **To consider resilience-oriented WASH programming where local capacity allows**

Subject to local maintenance capacity, it is recommended to consider future investments in rehabilitation of wells and water towers, solar-powered solutions for pumping stations and reverse osmosis systems, and development of wastewater management solutions. These options would strengthen operational resilience and reduce long-term operating costs.

RECOMMENDATIONS ON CAPACITY BUILDING (OUTPUT 4)

► **To continue one-day trainings for representatives of the social protection institutions and humanitarian organizations on such topics as emergency first aid and prevention of professional burn-out**

One-day trainings are easy to attend, at the same time they provide an opportunity to recharge and to acquire the new knowledge and skills.

► **To foresee broader trainings/ retreats for the staff of social protection facilities, which would include modules on provision of MHPSS to people with physical and mental illnesses and conditions**

To ensure better sustainability and continuity of MHPSS services, it is recommended to handover some of MHPSS approaches and techniques to the social workers and instructors of the supported institutions, so that they could integrate them into their work with residents.

➤ **To provide an opportunity to the management of social protection facilities to liaise with a psychologist and lawyer at a convenient time and ask any work-related questions**

The management of facilities do not always have time to attend trainings or group consultations, but many of them noted that it would be helpful if they could call a psychologist or lawyer and ask any questions related to the work with their residents. Operative questions may be resolved via voice calls, while once in two or three months it could be helpful to have a more profound consultation in the form of online (or where possible - offline) meeting.

➤ **To shift from one-time consultations to proper supervision and intervision for psychologists involved in the project activities**

As of now, Rokada is able to provide a limited number of individual consultations to its psychologists. While there is a need for proper supervision that would require 10 consultations per person. Also, a regular intervision - group sessions, where psychologists could share their experience of work with various categories of clients and jointly elaborate certain approaches, as well as support each other to manage stress and to prevent burn-out.

GENERAL RECOMMENDATIONS

➤ **To expand the vulnerability criteria across project components**

It is recommended to expand the general vulnerability criteria applied across different project components to explicitly include:

- Internally displaced persons (IDPs);
- Families of military personnel;
- Veterans.

This would support a more inclusive and context-sensitive targeting approach, better reflecting the broader social impacts of the war and compound vulnerabilities experienced by these groups.

➤ **To strengthen alignment with national policy frameworks in future nexus programming**

While the Project is humanitarian in nature and, within its mandate and objectives, has demonstrably improved the living conditions of residents in institutional settings—as confirmed by this evaluation—it is recommended that future interventions in institutional facilities,

particularly within **humanitarian-development nexus programming**, systematically take into account relevant national policy priorities.

In this context, particular attention should be paid to the **Strategy for Ensuring Every Child's Right to Grow Up in a Family Environment (2024-2028)**, which aims to reduce reliance on institutional care and promote family-based and alternative forms of care.

This consideration is especially important when planning **infrastructure investments in facilities for children**, in order to avoid inadvertently reinforcing institutional care models that run counter to ongoing national reforms.

7. ANNEXES

ANNEX 1. EVALUATION MATRIX (attached as a separate document)

ANNEX 2. LIST OF DOCUMENTS REVIEWED

Project proposal documentation

1. Project Proposal 'Lifesaving WASH, MHPSS and Winterization assistance to vulnerable households and war/flood affected communities in southern Oblasts and institutional strengthening of Ukrainian humanitarian first responders'
2. Project Logframe
3. Project Financial Plan

Project reporting documents

4. Interim report of arche noVa for the period of 08.2024 – 09.2025
5. Interim report of arche noVa for the period of 15.08.2024 - 31.12.2024
6. Progress report of New Way for the period 01.09.2025-30.09.2025
7. Progress report of AWO International and Rokada for the period 15.08.2024 – 14.08.2025
8. Progress report of Rokada for 2024
9. Beneficiaries' lists of family hygiene kits distributed by New Way
10. Beneficiaries' lists of PSN kits & Family hygiene kits distributed by New Way
11. Beneficiaries' lists of solid fuel briquettes distributed by New Way
12. Survey results of Rocada on implementation of small and medium repairs in social institutions from October, 2025
13. Survey results of Rocada on implementation on MHPSS component from May and September, 2025
14. Beneficiaries' lists of solid fuel briquettes distributed by Rocada

Guidelines

15. Chapeau zur Umsetzung des sog. Nexus¹ im Rahmen von NRO-Projekten mit parallelen Förderungen durch Auswärtiges Amt und BMZ
16. AWO International guideline for crosscutting issues (version from 2nd January 2024)

¹ nur Teilbereich humanitäre Hilfe – EZ.

ANNEX 3. LIST OF PERSONS INTERVIEWED

	Name and title	Interview mode
1	Anton Plaksun, Program Manager of AWO International in Ukraine	Online
2	Dmytro Drizhd, Representative of arche noVa in Ukraine	Online
3	Dmytro Polozkov, Project Manager, New Way	Online
4	Sabaiyev Artem, East Area Manager, New Way	Online
5	Anatoliy Briatko, Coordinator of arche noVa in Mykolaiv region	Online
6	Oleksandr Sholomon, Engineer, New Way	In-person
7	Oleksii Nepsha, Coordinator of AWO International in Mykolaiv region	Online
8	Kateryna Matsko, Project Manager, Rokada Charity Foundation	Online
9	Valentyna Tysiachna, Engineer, Rokada Charity Foundation	Online
10	Yana Tovstoliaka, Psychologist, Rokada Charity Foundation	In-person
11	Yevgen Riaboshapka, Psychologist, Rokada Charity Foundation	In-person
12	Vasyl Petrenko, Logistician, Rokada Charity Foundation	In-person
13	Serhiy Vasylenko, Director of the Labour and Social Protection Department, Mykolaiv City Council	In-person
14	Nadia Skopenko, Deputy Director of the Labour and Social Protection Department, Mykolaiv City Council	In-person
15	Oleksandr Gaydukov, Director of Mykolaiv Center for Reintegration of Homeless Persons	In-person
16	Natalia Pavliuk, Chief Accountant of Mykolaiv Center for Reintegration of Homeless Persons	In-person
17	Oleksandr Budianskyi, Director of Vynohradivka Psychoneurological Dispensary	In-person
18	Nataliia Kravchenko, Labour Therapy Instructor, Vynohradivka Psychoneurological Dispensary	In-person
19	Olga Pryshed'ko, Director of the Center for Provision of Social Services, Bashtanka	In-person
20	Liliia Pluzhnyk, Head of the Social Work Department/ Center for Provision of Social Services, Bashtanka	In-person

21	Nadiia Borschivska, Nurse of Bashtanka Territorial Center for Social Care	In-person
22	Olga Virych, Cook of Bashtanka Territorial Center for Social Care	In-person
23	Nataliia Vlasiuk, Head of Inpatient Department of Bashtanka Territorial Center for Social Care	In-person
24	Halyna Dymochko, Bath Nurse of Bashtanka Territorial Center for Social Care	In-person
25	Tetiana Protsyk, Junior Nurse of Bashtanka Territorial Center for Social Care	In-person
26	Yana Synyavska, Manager of the Executive Committee of Voznesensk City Council	In-person
27	Viktoriiia Baltser, Secretary of the Executive Committee of Voznesensk City Council	In-person
28	Anastasiia Bilotska, Social Work Specialist, Voznesensk Center for Provision of Social Services	In-person
29	Tetiana Horlova, Head of the Children Rehabilitation Department, Voznesensk Center for Provision of Social Services	In-person
30	Tetiana Zelinska, Social Work Specialist, Voznesensk Center for Provision of Social Services	In-person
31	Snizhana Veselova, Deputy Head of Voznesensk Center for Provision of Social Services	In-person
32	Serhiy Shurabura, Director of Voznesensk Geriatric House	In-person
33	Anatoliy Senchyn, Doctor, Voznesensk Geriatric House	In-person
34	Viktoriiia Titimets, Instructor of Rehabilitation Department, Voznesensk Geriatric House	In-person
35	Oleksandr Karakuts, IDP from Donetsk residing in Voznesensk Geriatric House	In-person
36	Zoya Krasnopolska, IDP from Kherson residing in Voznesensk Geriatric House	In-person
37	Viktor Kravchuk, IDP from Kherson residing in Voznesensk Geriatric House	In-person
38	Ivanna Zagorelska, Director of Yavkine Cultural Center	In-person
39	Tetiana Pasichnyk, mother of child who attends Yavkine Cultural Center	In-person
40	Dmytro Tytarenko, Director of Mishkove-Pogorilove Lyceum	In-person
41	Valentyna Lisetska, mother of three children who attend Yavkine Cultural Center	In-person
42	Valentyna Skopina, Director of Antonivka Arts Lyceum	In-person

43	Dariia Kravchenko, Student of Grade 8, Antonivka Arts Lyceum	In-person
44	Sofiia Velykodniia, Student of Grade 8, Antonivka Arts Lyceum	In-person
45	Ruslana Nazarenko, Student of Grade 8, Antonivka Arts Lyceum	In-person
46	Yana Baka, Student of Grade 8, Antonivka Arts Lyceum	In-person
47	Oksana Bila, Teacher of Chemistry, Antonivka Arts Lyceum	In-person
48	Nadiia Balabanska, Head of Mostivska community, Mykolaiv region	Online
49	Serhiy Shevchyk, Starosta of Kozubivka, Mostivska community, Mykolaiv region	Online
50	Tetiana Fet'ko, Starosta of Sukha Balka, Mostivska community, Mykolaiv region	Online
51	24 phone interviews with representatives of households that received solid fuel in Khersonska and Mykolaivska oblasts	Phone

ANNEX 4. FIELDWORK ITINERARY

Date	Data Collection Activities	Community	Implementing Partner
Nov 6, 2025	9.00 Leave from Mykolaiv 10.00-11.30 Observation of the group psychological session for the residents of Vynohradivka Psychoneurological Dispensary 11.30-12.15 FDG with participants 12.15-13.30 KII with staff 14.00-15.00 Return to Mykolaiv	Ingulska (Mykolaiv region)	AWO/ Rokada
Nov 7, 2025	8.30 Leave from Mykolaiv 10.00-11.30 Observation of the group psychological session for the staff of the Center for Provision of Social Services 11.30-12.15 FDG with participants 12.15-13.00 KII with the Head of the Social Work Department 13.30-15.00 Meeting with representatives of Bashtanka City Council, Third Age University, and beneficiaries who received MHPSS (60+) 15:00-16:30 Observation of the group psychological session for children residing in Yavkine village 16.30-17.30 FDG with parents of the children who received MHPSS 17.30-19.00 Return to Mykolaiv	Bashtanska (Mykolaiv region)	AWO/ Rokada
Nov 8, 2025	Phone interviews with representatives of community councils, starostas, and residents who received solid fuel	Mostivska (Mykolaiv region) Vysokopilska (Kherson region)	AWO/ Rokada arche noVa/ New Way
Nov 9, 2025	Phone interviews with representatives of community councils, starostas, and residents who received solid fuel	Mostivska (Mykolaiv region) Vysokopilska (Kherson region)	AWO/ Rokada arche noVa/ New Way

Nov 10, 2025	<p>9.00 Departure from Mykolaiv 11.00-12.00 KII with representatives of Voznesensk City Council 12.00-13.30 Observation of the group psychological session for the staff of the Department for Rehabilitation of Children with Disabilities 13.30-14.30 FDG with participants 15.30-17.00 Visit to Voznesensk Geriatric Boarding House, meetings with staff and residents 17.00-19.00 Return to Mykolaiv</p>	Voznesenska (Mykolaiv region)	AWO/ Rokada
Nov 11, 2025	<p>9.00 Departure from Mykolaiv 9.30-11.00 Visit to Mishkovo-Pogorilove Boarding School that also hosts IDPs 11.30-14.00 Visits to water towers in Voskresenske and Vynohradivka 14.30-16.00 Return to Mykolaiv</p>	Mishkovo-Pogorilivska, Voskresenska, Ingulska (Mykolaiv region)	arche noVa/ New Way
Nov 12, 2025	<p>10.00 Meeting with the Department of Labour and Social Protection of Mykolaiv City Council 13.00-14.30 Observation of the group psychological session in Antonivka Arts Lyceum 14.30-15.15 FGD with participants 15.15-16.00 KIIs with staff 16.00-17.00 Return to Mykolaiv</p>	Mykolaiv city Antonivska (Mykolaiv region)	AWO/ Rokada